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<p style="text-align: center;"><b>Effective on 12/08/2004.</b>  <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b></p> <p style="text-align: center;"><b>FEE TRANSMITTAL</b></p> <p style="text-align: center;"><b>For FY 2008</b></p>		<b>Complete if Known</b>	
		Application Number	10/631,206-Conf. #3320
		Filing Date	July 31, 2003
		First Named Inventor	Raymond E. Ozzie
		Examiner Name	J. E. Jackson
		Art Unit	2131
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) 930.00	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
Deposit Account		Deposit Account Number:		23/2825
Deposit Account Name: Wolf, Greenfield & Sacks, P.C.				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, **except for the filing fee**  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

## FFF CALCULATION

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u><b>APPLICATION TYPE</b></u>	<u><b>FILING FEES</b></u>		<u><b>SEARCH FEES</b></u>		<u><b>EXAMINATION FEES</b></u>					
	<u><b>Small Entity</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Small Entity</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Small Entity</b></u>	<u><b>Fee (\$)</b></u>	<u><b>Fees Paid (\$)</b></u>			
Utility		310		155		510	255	210	105	_____
Design		210		105		100	50	130	65	_____
Plant		210		105		310	155	160	80	_____
Reissue		310		155		510	255	620	310	_____
Provisional		210		105		0	0	0	0	_____

## **2. EXCESS CLAIM FEES**

**Fee Description**

**Each claim over 20 (including Reissues)**

	<u>Small Entity</u>
<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

10 105  
70 185

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

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**Multiple Dependent Claims**

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE EEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

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- 100 =      /50 =      (round up to a whole number) x      =

**4. OTHER FEE(S)**

Non-English Specification. \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

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120.00

SUBMITTED BY				
Signature	/Edmund J. Walsh/	Registration No. (Attorney/Agent)	32,950	Telephone (617) 646-8000
Name (Print/Type)	Edmund J. Walsh		Date	October 26, 2007